AdvantagePlus
Network–Connecticut
A partnership of Optum® and Hartford HealthCare

Contracted provider reconsiderations

As a provider, you have the right to request a reconsideration if you believe your request for payment was denied, paid incorrectly, or your authorization for services was not appropriately approved. If you would like to file a reconsideration, you may do so **within 60 calendar** days from the date of this notice by submitting a written request to the following:

OptumCare Provider Dispute Resolution
P.O. Box 30781
Salt Lake City, UT 84130-0781

Appeals process for non-contracted Medicare providers

Pursuant to federal regulations governing the Medicare Advantage program, non-contracted providers may request reconsideration (appeal) of a Medicare Advantage plan payment denial determination including issues related to bundling or downcoding of services. To appeal a claim denial, submit a written request **within 60 calendar days** of the remittance notification date and include at a minimum:

- A statement indicating factual or legal basis for appeal
- A signed Waiver of Liability form (you may obtain a copy by going to https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Downloads/Model-Waiver-of-Liability_Feb2019v508.zip)
- A copy of the original claim
- A copy of the remittance notice showing the claim denial
- Any additional information, clinical records or documentation that supports the argument for reimbursement

Mail the appeal request to:

UnitedHealthcare Medicare & Retirement
P.O. Box 6106
Cypress, CA 90630
MS: CA124-0157

Payment dispute process for non-contracted Medicare providers

Pursuant to federal regulations governing the Medicare Advantage program, non-contracted health care professionals may file a payment dispute for a Medicare Advantage plan payment determination. A payment dispute may be filed when the provider contends the amount paid by the Plan for a Medicare covered service is less than the amount that would have been paid under Original Medicare. To dispute a claim payment, submit a written request **within 120 calendar days** of the remittance notification date and include at a minimum:

- A statement indicating factual or legal basis for the dispute
- A copy of the original claim
- A copy of the remittance notice showing the claim payment
- Any additional information, clinical records, or documentation to support the dispute

Mail payment dispute to:

OptumCare Provider Dispute Resolution
P.O. Box 30781
Salt Lake City, UT 84130-0781

If you have additional questions relating to a dispute decision made, you may contact us at:

Phone: 1-888-556-7048
Mail: P.O. Box 30781, Salt Lake City, UT 84130-0781
Email via our secure web portal: https://professionals.optumcare.com/portal-login.html

Billing Alerts

Section 1905(n) of the Social Security Act prohibits a provider from billing an individual with coverage as a Qualified Medicare Beneficiary (QMB), with or without other Medicaid coverage, or someone receiving Supplemental Security Income benefits and Medicare for the Medicare deductible or coinsurance.